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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Angola

Proposed UNFPA assistance: $15 million, $9.6 million from regular resources and $5.4 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	7.4	3.1	10.5
Population & development strategies	1.8	2.3	4.1
Advocacy	.4	-	.4
Total	9.6	5.4	15.0

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ANGOLA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	15.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	1.6	≥55
Access to basic health services (%)[3]	30.0	≥60
Infant mortality rate (/1000)[4]	124.0	≤50
Maternal mortality rate (/100,000)[5]	650.0	≤100
Gross female enrolment rate at primary level (%)[6]	45.8	≥75
Adult female literacy rate(%)[7]	28.0	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

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1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	11,072
Population in year 2000 (000)	13,074
Sex ratio (/100 females)	97.5
Per cent urban	32.2
Age distribution (%)	
Ages 0-14	47.1
Youth (15-24)	18.6
Ages 60+	4.6
Percentage of women aged 15-49	43.4
Median age (years)	16.4
Population density (/sq. km.)	9
Annual population growth rate (%)	3.3
Urban	5.6
Rural	2.1
Crude birth rate (/1000)	48.4
Crude death rate (/1000)	16.9
Net migration rate (/1000)	1.7
Total fertility rate (woman)	6.69
Life expectancy at birth (years)	
Males	47.4
Females	50.6
Both sexes	49.0
GNP per capita (U.S. dollars, 1994)	348

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a period of four years, starting in January 1997, to assist the Government of Angola in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $15 million, of which $9.6 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $5.4 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance to Angola.

2. The proposed programme takes into account the lessons learned from UNFPA's past programmes, as well as the current political situation and the conclusions of the programme review and strategy development (PRSD) process, which was carried out with the complete participation and involvement of the Government, conducted by nationals with some assistance from UNFPA regional advisers, and benefited from collaboration with other national and international partners. The proposed programme supports government priorities and will complement inputs from other donors. It is harmonized with the programme cycles of UNDP and UNICEF.

3. In light of the devastating damage to Angola's socio-economic infrastructure as a result of civil strife, the UNFPA programme will contribute towards a national relaunching of the development process focusing on expansion of and increasing demand for reproductive health services. The Fund will concentrate its efforts in expanding and improving these reproductive health services in six of the country's provinces, which include about half of the population. Nationally, the proposed programme aims to create a better understanding and integration of population and gender issues into Angola's development planning process.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, will be carried out in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background

5. There has been gradual change in government attitudes toward population issues in Angola, from one of laissez-faire at the time of Independence, to increasing concern by the mid-1980s about the negative impacts of population growth, to a commitment by the early 1990s to formulate and adopt an explicit national population policy. After the shift to a multi-party political system and a free-market economy in 1991, development plans and programmes began to address various population concerns. They were never implemented, however, due to the resumption of hostilities in 1992 and the necessary reversion to emergency programmes.

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6. After Independence in 1975, armed conflict began between the Government and opposing factions, leading to a long period of deterioration in the national economy. The last two years of civil war inflicted incalculable damage on the socio-economic infrastructure. The signing of the Lusaka Peace Protocol in November 1994 finally allowed the Government to turn its attention to the revival of the national economy, reconstruction of socio-economic infrastructures and the eradication of poverty. To address those priorities, the Government in 1995 prepared a community rehabilitation programme, underlining the importance of community participation and the decentralization of the development process.

7. After Independence, the Government had established social and health programmes at community level, which had a positive impact on some of the country's health and educational indicators. Civil strife, the socio-economic crisis and the resulting rural-urban migration, however, had a devastating impact on all social programmes. Overall school enrolment declined to 32 per cent and was much lower for girls. The constant inflow of displaced persons weakened traditional social systems. In particular, it decreased the status of women in urban areas, where there were increasing numbers of illiterate women who often became heads of households.

8. The Angolan population has high fertility and growth rates, extremely high mortality rates, a high rate of urbanization, and extreme youthfulness. High fertility is primarily determined by the lack of availability, and low quality, of family planning services, as well as by a cultural system favouring large families and early age for marriage and child-bearing. That in turn is linked to high infant mortality and low educational attainment, especially among women. Health indicators are among the worst in sub-Saharan Africa. Maternal mortality is very high, averaging 650 per 100,000 births according to United Nations estimates, with indications that it may be considerably higher in some areas. Meanwhile, 85 per cent of deliveries are conducted with no assistance from qualified personnel, due to poor services and cultural factors. The need for adolescent reproductive health care is urgent: in Luanda an estimated 40 per cent of illegal abortions and 25 per cent of maternal deaths are among girls less than 20 years of age.

9. Following the resumption of civil war in 1992, 70 to 80 per cent of health facilities in Government-controlled areas were destroyed, displacing or killing most health personnel. The few facilities that remain are concentrated in the cities. A reproductive health programme, as defined by ICPD, does not exist in Angola; however, different programmes within the Ministry of Health are directed to many related priority areas. The contraceptive prevalence rate was less than 2 per cent in 1994, and maternal and child health and family planning (MCH/FP) services are available in only about 120 health units, concentrated in provincial capitals and nearby municipalities, and they offer a limited variety of family planning methods.

Previous UNFPA assistance

10. With ICPD goals far from attainment, Angola remains in great need of UNFPA assistance and has been the recipient of progressively increasing funding support since 1978. The third country programme, approved for the period 1991-1995 for $8.5 million, was designed to assist the Government in the development of a population policy, the expansion and integration of improved quality MCH/FP services, and the introduction of population and family life education in the formal educational system and into the outreach activities of mass organizations. Following a mid-term review in early 1994, the programme's objectives were considered to remain relevant, but, due to uncertainty about the country's future, the programme was extended through 1996.

11. In spite of prevailing conditions, the past programme registered some important achievements. UNFPA assistance substantially contributed to the expansion and improvement of national MCH/FP services in ten provinces by integrating such services into 120 service points; the elaboration of an in-service training curriculum for service providers; the training of almost 500 service providers; and the strengthening of the technical skills of central and provincial managers. Adolescent issues have begun to be addressed by incorporating family life education in four different subjects in four secondary school grade levels and through a pilot adolescent counseling initiative, in Luanda, based on peer promotion.

12. Due to the lack of trained nationals in the areas of data collection and population and development, the third country programme supported improving the technical qualifications of national professionals from different institutions and incorporating demography into the curricula of seven university faculties. In addition, UNFPA supported the analysis of a regional census carried out in the 1980s that provided useful information on the social and demographic characteristics of the Angolan population. The establishment of a university training centre and the creation of a new unit in the Ministry of Planning were among the new elements put in place to prepare the groundwork for an explicit population policy. Although achievements were modest, the increased awareness among political leaders about the role of population in achieving sustainable development and the somewhat improved availability of demographic and socio-economic data are largely attributable to UNFPA support.

13. One of the lessons that emerged clearly from the past programme was that, due to the country's large size, complex needs and multiple donors, focusing UNFPA assistance in certain priority provinces would increase the probability of programme impact and effectiveness. That could be reinforced by strengthening management and technical capacities at the provincial level. Previous assistance underlined the importance of national ownership, which can be secured by the active involvement of national counterparts at the provincial as well as at the central level. Flexibility in programme design is also a requisite in order to accommodate possible changes in the national

situation. The weakness of the national health network requires the exploration of innovative alternative channels for the delivery of reproductive health services, including the increased involvement of non-governmental organizations (NGOs) in new initiatives.

Other external assistance

14. Due to the prevailing emergency situation during the last four years, the country receives a considerable amount of external assistance for emergency programmes from both multilateral and bilateral donors. The few donors contributing to the population area include UNICEF, the World Bank, Swedish International Development Cooperation Agency (Sida), and some international NGOs. Although most of UNICEF's support is provided within an emergency context, it does provide assistance for maternal health and for combating AIDS and sexually transmitted diseases (STDs) as well as some support for promoting the welfare of women and for girls' education. The World Bank has financed several projects to improve the delivery of primary health care services, including family planning. Sida is a major donor in the areas of maternal health, AIDS control and improving the status of women.

15. UNFPA is seen in Angola as a lead agency in the area of population. During the past programme cycle, for example, contributions of the World Bank and Sida in the areas of family planning, adolescent reproductive health issues and population policy were channeled through UNFPA. In implementing the proposed programme, UNFPA will continue to take into account the inputs of other United Nations agencies and donors and will continue to build on its years of experience in the country in maternal health and family planning, sensitization on issues of population and reproductive health, integration of population issues into the planning process, and formulation of population action plans and policies.

Proposed programme

16. Due to the magnitude of the country's health problems, the proposed programme will give strong priority to reproductive health. Interventions in other areas will be designed to reinforce the activities of the main focal area and to establish solid bases for a future comprehensive national population programme. While the proposed programme will continue to have a national focus for some activities, its main efforts will target six selected provinces. This proposed approach would provide a better focus on specific regional and provincial issues and needs, accommodate future changes in the political situation and the peace process, and ensure the integration of population issues within the provincial community rehabilitation programmes. The Fund will use its regular resources, especially in the reproductive health area, to play a catalytic role in identifying and assisting the Government to test innovative approaches on a small scale in selected provinces or municipalities. These initial demonstrations are expected to attract additional resources from other donors for a national population programme.

17. Therefore, the proposed programme would assist the central and provincial governments to increase the availability and use of good-quality reproductive health services in six provinces and to establish the basic prerequisites for implementing provincial population programmes, and for a better understanding and integration of population and gender-related issues within the development planning process. As one strategy in achieving this, UNFPA will support the development of "Provincial Population and Development Committees" to coordinate community rehabilitation and population programmes at the provincial level. In implementing the provincial programmes, the different activities will be phased in gradually, building from the most simple to the most complex interventions.

18. Several criteria, including possible risk factors, were used to determine the selection of the six provinces where the Fund proposes to concentrate its activities. Those factors included post-war security status, institutional and local capacities, accessibility, population size and distribution, and reproductive health status. The six provinces thus identified are Benguela (population 1.4 million), Huíla (1.2 million), Kwanza Sul (830,000), Huambo (1.3 million), Bié (820,000) and Malanje (750,000). Thus, the proposed country programme would be concentrated in provinces containing about half of the country's 12 million inhabitants.

19. Reproductive health. Due to the magnitude of women's reproductive health issues, the proposed programme will give high priority to helping address the high fertility and maternal mortality rates. A main strategy for tackling these issues will be to address questions of adolescent reproductive health in order to reduce the high level of unprotected sexual relations among this group, which results in a large number of postnatal and post-abortion deaths. Regarding the delivery of reproductive health services, the programme will focus on improving the limited availability of services outside urban centres; the overall low quality of reproductive health services, including care at delivery; the lack of trained personnel and weak management capacity; and the weak demand for reproductive health services due to sociocultural factors.

20. The proposed programme will assist in increasing the contraceptive prevalence rates in the six provinces of UNFPA intervention from a current level of about 3 per cent to 7 per cent by the end of the programme. To do so, it will maintain and expand the MCH/FP services in the existing 120 service points, 80 of which fall outside the six provinces, while establishing at least 53 more integrated reproductive health service delivery points, including peripheral maternities, to ensure at least one delivery point in all 70 municipalities in the six provinces. The proposed programme will support pilot testing of alternative distribution channels for contraceptives by training community based agents and traditional birth attendants in rural areas. In addition, due to the magnitude of STDs, including HIV/AIDS, in urban areas, the programme will pilot test the social marketing of condoms in Luanda.

21. Beyond helping to increase the number of reproductive health service points, the proposed programme will also work to improve the quality of the services being provided. This will mean standardizing reproductive health service delivery by helping to establish and/or revise delivery policies, norms, training curricula and referral systems. Qualified provincial trainers will provide courses to strengthen service-provider skills and knowledge. Programme management will be improved through the provision of technical assistance. Certain necessary contraceptives, drugs, and other supplies will also be made available.

22. To encourage a behavioural change towards reproductive health issues and to increase the demand for and use of reproductive health services, the programme will promote creation of the necessary conditions for a national information, education and communication (IEC) programme addressing reproductive health and population issues and conduct studies on the cultural factors influencing reproductive behaviours and the use of reproductive health services. The programme will target increasing the awareness and use of reproductive health services, mainly in the selected provinces, through such channels as the mass media, community-based agents, the health network, and by establishing post-abortion and post-partum counseling. These activities will be carried out in collaboration with national and international NGOs.

23. To address adolescent and youth needs, the programme will pilot test promoting responsible behaviour among adolescents through a peer approach by establishing counselling centres with reproductive health services especially designed for adolescents as well as sensitizing and training health personnel to address adolescent needs adequately. After sufficient testing in Luanda, the experience could be extended to other cities. Moreover, the programme will help institutionalize population and family life education within the formal education system by supporting the incorporation of these subjects into school curricula at primary and pre-university level and in the pre-service curricula of institutions involved in training teachers, social workers and mass media specialists.

24. Population and development strategies. In the area of population and development strategies, the programme will help the Government to formulate a national population policy and in pursuing a national plan for the advancement of women. It will also assist in developing a national cadre of professionals trained in population, gender and development, and data collection and analysis. This will strengthen national capacities to collect, analyse and utilize reliable data and statistics, using a gender-sensitive approach. Relevant government institutions (the Ministry of Planning and the Secretary of State for the Promotion of Women) will be strengthened, and technical conditions will be created to formulate, coordinate and execute action plans and policies in population and gender-related areas. The Fund will also provide some assistance for preparations for the future census. Available population and socio-economic data will be made more accessible for planning purposes, especially in the selected provinces.

25. Advocacy. As part of the proposed programme, UNFPA will assist the Government in addressing its concerns about gender inequality and inequity and the lack of awareness of population issues. The Fund will assist the Government in its efforts to increase understanding of the value of a national population policy and a national strategy for the advancement of women among the country's decision makers as well as among the general public. One of the strategies that will be used to accomplish these goals is to help the Government in its efforts to enhance the quality and availability of demographic and socio-economic data so that policy makers can be made more aware of the country's population and reproductive health needs.

Programme implementation, monitoring, evaluation and coordination

26. The proposed programme will be mainly executed by national counterparts assisted, as needed, with technical expertise from external sources. The different sub-programmes will be executed by central and provincial governments and national NGOs with the assistance of UNFPA, other United Nations agencies and international NGOs. Overall coordination will be the responsibility of the Ministry of Planning. The proposed programme is harmonized with the cycles of UNDP and UNICEF programmes, which will all start in 1997. In addition, the proposed programme will promote closer coordination with other donors in the area of population for a better use of human and financial resources.

27. Monitoring and evaluation will be carried out in accordance with the UNFPA guidelines, including annual project reports and review meetings with the managers and executing agencies of related projects. In addition, under the leadership of the Ministry of Planning, all managers of UNFPA-funded projects will constitute a country programme senior management team, which will meet every trimester to review workplans, evaluate progress and make future plans. A mid-term review will be scheduled for early 1999. The programme will be substantively monitored by advisers from UNFPA Country Support Teams, UNFPA headquarters and other competent bodies.

Recommendation

28. The Executive Director recommends that the Executive Board approve the programme of assistance for Angola, as presented, in the amount of $15 million over the period 1997-2000, of which $9.6 million would be programmed from UNFPA's regular resources, subject to their availability. The balance of $5.4 million would be sought from either multi-bilateral sources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.